

PLACED WITH UNFADING  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 18  
Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 4 Main St. Claypool Ariz.  
If birth occurred in a hospital or institution, give its NAME instead of street and number.

2. Full name of child Margarita Saldivar { If child is not yet named, supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Feb-21-1928 Month Day Year

8. FATHER  
Full name Telesforo Saldivar  
9. Residence (Usual place of abode) Claypool, Arizona  
If non-resident, give place and state.  
10. Color or race Mex.  
11. Age at last birthday 30 (Years)  
12. Birthplace (city or place) Sinaloa  
(State or country) Mex.  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Isabelle Mena  
15. Residence (Usual place of abode) Claypool, Ariz.  
If non-resident, give place and state.  
16. Color or race Mex.  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Chamberlain  
(State or country) New Mex.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyril M. Brown M.D.  
Physician  
(Physician or midwife).  
Address Miami, Arizona  
Filed Feb 29, 1928 B. E. J...  
Registrar

Given name added from a supplemental report. Month, day, year Registrar

429-221-1941